

Division of Corporations
L13000050789

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H13000109806 3)))



H13000109806348C

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : TOSOLINI & LAMURA LLP
Account Number : 120120000009
Phone : (786) 497-1872
Fax Number : (786) 206-7030

13 MAY 16 AM 8:26
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ROMAGNOLE INVESTMENT PROPERTIES LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

C. LEWIS
MAY 17 2013
EXAMINER

RECEIVED
13 MAY 16 PM 12:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu Corporate Filing Menu Help

(H 130001098063)

(H 13000 1098063)

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Romagnole Investment Properties LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Claudia Moncarz

Name of Person

Tosolini Lamura Rasile Toniutti LLP

Firm/Company

407 Lincoln Road Suite 11C

Address

Miami Beach, Florida 33139

City/State and Zip Code

claudia.moncarz@bitalaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Claudia Moncarz

Name of Person

at (305) 534-0420

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

\$25.00 Filing Fee

\$30.00 Filing Fee &
Certificate of Status

\$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

\$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

(H 13000 1098063)

(H 13000 10 98063)

FILED

13 MAY 16 AM 8:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Romagnole Investment Properties LLC

*(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)*

The Articles of Organization for this Limited Liability Company were filed on 4/8/13 and assigned Florida document number L13000050789.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

_____, Florida _____
City Zip Code

New Registered Agent's Signature. If changing Registered Agent

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

(H 13000 10 98063)

(H 13000 1098063)

FILED

13 MAY 16 AM 8:24

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

GRANDTHERAPY, LLC, STATE OF FLORIDA
PALM BEACH, FLORIDA

MGR = Manager

MGRM = Managing Member

Title	Name	Address	Type of Action
MGR	Mireya de Iadlsemia	407 Lincoln Road Suite 11C Miami Beach, Florida 33139	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
MGR	Giuseppe Iadlsemia	407 Lincoln Road Suite 11C Miami Beach, Florida 33139	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
MGR	Mirey de Iadlsemia	407 Lincoln Road Suite 11C Miami Beach, Florida 33139	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

(H 13000 1098063)
Page 2 of 3

(H 13000 1098063)

FILED

13 MAY 16 AM 8:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary)

Dated May 15 2013


Signature of a member or authorized representative of a member

Claudia Moncarz

Typed or printed name of signer

Page 3 of 3

Filing Fee: \$25.00

(H 13000 1098063)